

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 182
Registered No. 92

1. PLACE OF BIRTH

County Sila State Arizona
Township Hayden or Village _____
City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Ramona Estada

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
6. Premature _____ 7. Legiti- _____ 8. Date of birth Oct 25 1930
Full term _____ mate? _____ (Month, day, year)

9. Full name FATHER Ramona Estada

10. Residence (usual place of abode) Christmas
(If nonresident, give place and State)

11. Color of hair Black 12. Age at last birthday 27 (Years)

13. Birthplace (city or place) Yuma
(State or country) Arizona

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper mine

16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____, 19____

18. Full maiden name MOTHER Flavia Lynn

19. Residence (usual place of abode) Christmas
(If nonresident, give place and State)

20. Color of hair Black 21. Age at last birthday 24 (Years)

22. Birthplace (city or place) Yuma
(State or country) Arizona

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. House

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Wife

25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____, 19____

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation ✓ months _____ or weeks _____ 29. Cause of stillbirth ✓
Before labor ✓
During labor ✓

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) at 5-30 m. on the date above stated
{ When there was no attending physician }
{ or midwife, then the father, householder, }
{ etc., should make this return. }

Given name added from a supplemental report _____ (Date of) _____

Address Hayden Arizona Midwife _____
Filed Oct 25 1930 Registrar _____
Registrar _____

951-1023-631